

CJA 23 (Rev. 11/11)			<h1 style="margin: 0;">FINANCIAL AFFIDAVIT</h1>		
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE					
IN THE UNITED STATES		<input type="checkbox"/> DISTRICT COURT		<input type="checkbox"/> COURT OF APPEALS	
IN THE CASE OF _____ v. _____ _____		FOR AT _____		<div style="border: 1px solid black; height: 100px; width: 100%;">LOCATION NUMBER</div>	
PERSON REPRESENTED <i>(Show your full name)</i>		<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;"> 1 <input type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Supervised Release Violator 5 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other <i>(Specify)</i> _____ </div>		<div style="border: 1px solid black; padding: 5px;">DOCKET NUMBERS</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Magistrate Judge</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">District Court</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Court of Appeals</div>	
CHARGE/OFFENSE <i>(describe if applicable & check box→)</i>		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor			

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed	
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____
		If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			IF YES, how much does your spouse earn per month? \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		RECEIVED	SOURCES
	IF YES, give the amount received and identify the sources	\$ _____ \$ _____ \$ _____	_____ _____ _____
CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ _____		
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		VALUE	DESCRIPTION
	IF YES, give value and description for each	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS		List persons you actually support and your relationship to them	
		Single	Total		
		Married	No. of		
		Widowed	Dependents		
		Separated or Divorced			
	DEBTS & MONTHLY BILLS <i>(Rent, utilities, loans, charge accounts, etc.)</i>	DESCRIPTION		TOTAL DEBT	MONTHLY PAYMENT
				\$	\$
				\$	\$
		\$	\$		
		\$	\$		

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Date _____